## Congressman Al Lawson

## Application for Nomination to a U.S. Service Academy

Before you begin this application, please make sure you are currently residing in the fifth Congressional district of Florida. Please go to www.house.gov to find out what district you are in. If your member is not Congressman Al Lawson, please contact your member's office to learn more about their military academy nomination process. Feel free to call one of our offices if you need help figuring out who your Member of Congress is.

## Please type in all information

**Your Information** 

Full Name:			
	Zip Code:		
	Congressional District		
Telephone: (home)	(cell):		
Email address:			
Social Security Number:			
Date of Birth:			
<b>Educational Information</b>			
Name of High School:			
High School Street Address:			
City:			
Zip Code:			
	Graduation Date:		
Test Scores			
SAT Scores			
Math:	Writing	Critical Re	eading:
Composite:			

ACT Scores		
English:	Math:	Reading:
Science:	Composite	;
ACT C	ode- 7325	SAT Code- 5043
Academy Inform	nation	
Number your prefer	ence (1to 4) of academies-	with 1 being your highest preference.
U.S. Air Force Acad	lemy:	<u> </u>
U.S. Military Acade	emy:	
U.S. Naval Academ	y:	
U.S Merchant Marin	ne Academy:	
lifetime of military		ased on a desire by the candidate to devote a tion by the appointee of an obligation to the y career.
Yes:	No:	
Additional Information Name of hometown		
		s after receiving an appointment?
	No:	
Please include the	following with your comp	leted application:
, , , , , , , , , , , , , , , , , , , ,	= · · · · · · · · · · · · · · · · · · ·	ess. Please state why you want to attend one of the pursue with your education.
2) Three (3) letters	of recommendation. Each	letter must be sealed
3) Copy of your hi	gh school transcripts.	
	tra-curricular activities. The	is list should include athletic teams, clubs and any nool.

5.) A recent headshot of yourself. (No larger than 18x24)

Your completed application can be mailed, emailed, or hand delivered to either our Tallahassee or Jacksonville offices. **Applications will NOT be accepted after October 9, 2020.** 

Email: Melissa.Thomas@mail.house.gov Ciera.Smith@mail.house.gov Address: Tallahassee Office Jacksonville Office 435 N. Macomb Street 117 W. Duval Street Suite 240 Tallahassee, Florida 32301 Jacksonville, Florida 32202

## PLEASE READ BEFORE SIGNING:

I have read the information sheet explaining the nomination procedures and I am familiar with the requirements. I CERTIFY THAT I AM A LEGAL RESIDENT OF THE STATE OF FLORIDA, AND THE FIFTH CONGRESSIONAL DISTRICT. If I have not submitted all necessary information by the October 9, 2020 <u>deadline</u>, I understand that I may not be given final consideration for a nomination by Congressman Al Lawson.

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I, the undersigned, declare that the information I have presented correct, and complete to the best of my knowledge.	l on this application form is true,
Signature of Applicant	Date